# RENTAL OCCUPANCY PERMIT GENERAL INFORMATION AND INSTRUCTIONS

The following information <u>must be submitted</u> with this application for new rentals and/or currently listed renewals (the additional information listed below is now required for both).

- **1. Identification and Tax Bill** Identification must be a government issued picture ID with home address, such as *driver's license*, passport, etc. The tax bill may be obtained from the Tax Receiver's office.
- 2. All blanks <u>must be</u> completed on application. Please note on page 3 of application that paragraphs 3, 4 & 5 must be completed in full. If you do not have an authorized agent, managing agent or designated agent for service of process, then the owner is considered those agents and must fill in the appropriate information.
- **3. Deed/Owner's Duplicate Certificate of Title -** A copy of the recorded deed showing the liber and page numbers or a certified copy of the Owner's Duplicate Certificate of Title.
- **4. Floor Plans** Floor plans drawn to 1/4" = 1' scale of the ENTIRE structure or building, one, two, or three family dwelling, apartment, multi-unit apartment, apartment house, condominium, cooperative, garden apartment or townhouse, occupied or to be occupied by one or more persons as a home or residence. Label all rooms with dimensions. Include measurements (height and width) for all doors, windows and the floor to ceiling heights. Show location of all smoke detectors. For two family and multiple family dwellings, provide separate floor plans for each tenant's unit(s). See sample floor plan annexed hereto. (Attached is graph paper for your use).
- **5. Survey -** A property survey of the premises drawn to scale not greater than forty (40) feet to one inch, or, if not shown on the survey, a site plan, drawn to scale, showing all buildings, structures, walks, driveways and other physical features of the premises and the number, location and access of existing and proposed on-site vehicle parking facilities.
- **6.** Certificate of Occupancy *or* Letter of Pre-Existing Use (LPEU) A Copy of the Certificate of Occupancy or Letter of Pre-Existing Use (LPEU) for the structure or building, one, two, or three family dwelling, apartment, multi-unit apartment, apartment house, condominium, cooperative, garden apartment or townhouse, occupied or to be occupied by one or more persons as a home or residence. A Copy of the Certificate of Occupancy or Letter of Pre-Existing Use (LPEU) may be obtained through a FOIL request to the Building Department. Also include copies of the Certificate of Occupancy or Letter of Pre-Existing Use (LPEU) for any addition, garage, deck, shed, etc.

**7. Building permit application** - A building permit application is required for any proposed buildings, improvements and alterations, if any or if you need to legalize existing structures and/or improvements.

The following structures or improvements require a building permit. If you do not have a building permit, you will be required to obtain one prior to being issued a rental occupancy permit.

- -Awning patio roof
- -Cellar entrance
- -Decks (18" above grade)
- -Dormer
- -Dwelling Extensions
- -Fences exceeding four feet in height (depending upon location)
- -Finished basement or cellar
- -Garage
- -Garage conversion
- -Gazebo
- -Outside second story deck and stairway
- -Pools (in ground or above ground)
- -Sheds (depending upon size and location)
- **8.** Condominium In the case of a condominium, a scale drawing or floor plan of the condominium unit, in lieu of a survey or site plan.

## **FEES**:

A nonrefundable permit application fee shall be paid upon filing of this application by check or money order made payable to the **Town of Riverhead**. The fee schedule, which provides for a **two-year permit**, is as follows:

| One Unit Dwelling             | \$150.00  |
|-------------------------------|---|
| Two Unit Dwelling             | \$200.00  |
| Three Unit Dwelling           | \$250.00  |
| Four Unit Dwelling            | \$325.00  |
| More than Four Unit Dwellings | \$500.00 plus \$50.00 for each unit in excess of four |
| Commercial Hotel/Motels       | \$500.00 plus \$50.00 for each unit                   |

## **APPLICATION PROCEDURE:**

- 1. Please mail/bring in your completed application along with all the required paperwork to the Rental Housing Division at Riverhead Town Hall. The application and required documents will be reviewed to make sure everything is complete before scheduling an inspection.
- 2. An inspection date will be scheduled for a Code Enforcement Official to inspect the proposed rental dwelling unit. All structures on the property must also be inspected garages, sheds, decks, pool, etc. The inspection is required to determine the condition of the proposed rental dwelling unit and to ensure that such is in compliance with the applicable building code requirements of the Town of Riverhead, County of Suffolk and State of New York. If the owner chooses not to allow a Code Enforcement Official from the Town of Riverhead to inspect the proposed rental dwelling unit a certification from a licensed architect or a licensed professional engineer must be submitted with the application stating that the property which is the subject of the application is in compliance with all of the provisions of the Code of the Town of Riverhead, the laws and sanitary and housing regulations of the County of Suffolk and the laws of the State of New York.
- 3. The proposed rental dwelling unit must be available for inspection, if the Code Enforcement Official cannot gain entry to the premises on the scheduled date and time, a \$50.00 reinspection fee will be charged.
- 4. If the proposed rental dwelling unit fails the first inspection, all violations must be corrected and a second inspection must be scheduled accordingly. If the rental unit fails a second time, and previously cited items have not been corrected, you will be charged a \$50.00 reinspection fee.
- 5. A rental occupancy permit will be issued when all requirements have been satisfied.

## **INSPECTION CRITERIA:**

THE ITEMS SET FORTH BELOW ARE NOT A COMPLETE LIST OF ALL OF THE REQUIREMENTS REQUIRED BY THE CODE OF THE TOWN OF RIVERHEAD, THE LAWS AND SANITARY AND HOUSING REGULATIONS OF THE COUNTY OF SUFFOLK AND THE LAWS OF THE STATE OF NEW YORK BUT SUCH ARE SET FORTH AS A GUIDE IN ORDER TO ASSIST THE APPLICANT AS TO WHAT ITEMS NEED TO BE COMPLIED WITH BEFORE A RENTAL OCCUPANCY PERMIT IS ISSUED.

#### **EXTERIOR**

- 1) Address numbers. As per Riverhead Town Code §64-59(B) the numerals used to display the street address number of the dwelling unit shall be painted on a plaque or on the front of the dwelling unit or made of metal or other durable material. The numbers shall be at least four inches in height. All street numbers shall be displayed so as to be easily seen from the street by both pedestrians and drivers of vehicles.
- 2) Driveway must be free from physical hazards and in good repair
- 3) Roof Drains, Gutters, Downspouts must be maintained in good repair and free from obstructions.
- 4) Roof Coverings (Shingles) must not exceed two layers.
- 5) Roof Covering must be in good repair no dry rot or deterioration on shingles.
- 6) Exterior surfaces must be free of chipping, peeling or flaking paint.
- 7) Exterior surfaces of metal must be free of rust.
- 8) Exterior Walls must be free from holes, breaks, cracks or loose and missing siding or shingles.
- 9) Screening must be in good repair and properly fit within the window or doorframe provided.
- 10) Overhang extensions including canopies, porches must be in good repair and properly anchored.
- 11) Handrails and Guards must be present on any stairway with 4 or more stair risers.
- 12) Handrails and Guards must be firmly fastened and free from deterioration.
- 13) Guards required on any deck or porch 30 inches over grade.
- 14) Stairways, Porches and Balconies must be structurally sound with proper anchorage, free from deterioration.
- 15) Window frames must be free from deterioration and in sound condition.
- **16)** Doorframes must be free from deterioration and in sound condition.
- 17) Window panes and glass must be free from cracks or holes.
- 18) Property must be free of any unregistered vehicles unless appropriately screened.
- 19) Property areas must be free from all litter.
- **20)** Property must be free of any physical hazards.
- 21) Property must be free of any weeds, grass in excess of 4 inches in height.
- 22) Cesspool must be capable of disposing waste without a health hazard or overflow.
- 23) All accessory structures must be structurally sound in good repair and free from deterioration.
- 24) Chimney must be structurally sound and in good repair, no cracks or holes.
- 25) Vents and flues must be properly anchored, installed and in good repair with no cracks or holes.
- 26) Foundation must be free from cracks, holes or deficiencies that cause un-plumb walls or unsafe settlement.
- 27) Proper Storm windows and doors with screens shall be installed and functioning.

#### **INTERIOR**

- 1) ALL interior surfaces must be clean and sanitary.
- 2) <u>ALL</u> interior surfaces must be free from peeling paint, corrosion, rust, cracks and holes.
- 3) LIVING ROOMS, DINING ROOMS, KITCHENS, BASEMENTS, PORHES AND LAUNDRY ROOMS shall not be utilized as Bedrooms unless the Town of Riverhead Building Department has issued a Certificate of Compliance for such occupancy. (The Code Official will determine the maximum occupancy of your dwelling unit based on the floor plan submitted and a calculation of square footage of bedrooms and habitable spaces, pursuant to New York State Property Maintenance Code).
- 4) Exit doors must be free and clear of all obstructions.

- 5) Extension cords are prohibited for use as permanent wiring. (Surge protectors strips are ok if supplying electronic devices only)
- 6) ALL Windows, which are designed to OPEN, must "freely open" (without force) and be capable of staying in place at any giving point.
- 7) ALL Door hardware must be present and operational including self-closing pistons on storm doors.
- **8)** Adequate water pressure must be provided to all sinks, showers, bathtubs.
- 9) Hot and Cold water must be functional at all fixtures.
- 10) Bathroom(s) must have either one open able window or a functional mechanical vent or both.
- 11) ALL Walking surfaces must be in good repair, no defects.
- 12) Bathroom Floors must be non-absorbent to water and moisture.
- 13) Bathtub and/or Shower stalls must free from leaks cracks or holes.
- **14)** Bathrooms must contain one functional receptacle.
- 15) ALL Light Fixtures must be appropriately covered and functional at time of inspection.
- **16)** Artificial Lighting is necessary in all stairways, exit doors and basements.
- 17) Hallways, Porches and Balconies must be free from obstructions.
- 18) Railings and Guards must be present on all interior stairways and structurally sound.
- 19) Toilet(s) must flush properly, free from leaks and drain without nuisances.
- 20) BEDROOMS MUST NOT BE OVER-OCCUPIED (The Code Official will determine the maximum occupancy of your dwelling unit based on the floor plan submitted and a calculation of square footage of bedrooms and habitable spaces, pursuant to New York State Property Maintenance Code).
- **21)** Battery-operated smoke detectors are required in each bedroom. Battery-operated smoke detectors are required for any hallway leading to a bedroom. One battery-operated smoke detector is required for each level of the building including the basement/cellar. Battery operated smoke detector is required in any stairway (one hallway smoke will suffice if said hallway is adjoined to such stairway). For new construction, all smoke detectors must be electrically hardwired with a battery backup; no battery-operated smoke detectors are permitted. (Section §704of the NYS Property Maintenance Code.)
- 22) Smoke detectors must be properly mounted and positioned in accordance with the manufactures instructions. (At least 12-inches from wall if mounted on ceiling, and exactly 12 inches down from ceiling if mounted on wall).
- 23) Multi-plug adaptors or prohibited (two-way and three-way electrical extenders) (see #5 on surge protectors)
- 24) Doors to sleeping rooms must not contain hasp locks, or keyed entries.
- **25)** Windows must not be blocked with furniture or other obstructions.
- **26)** Furnaces, Boilers and Water Heating Equipment must be serviced and cleaned annually by a qualified service technician. (A copy of such service inspection shall be posted in a conspicuous place and dated accordingly)
- 27) Combustible storage is prohibited within 36-inches of any Furnace, Water heater or Boiler.
- **28)** Basement and Cellars shall not have excessive storage (clear path of travel must be maintained to all heat producing mechanical equipment and electric panel)
- **29)** Dwelling unit(s) shall be provided with heat and be capable of maintaining a stable 70 degree temperature from September 15<sup>th</sup> through May 31<sup>st</sup> (Chapter §68 Section 26 of the Code of the Town of Riverhead.)

# **RENTAL OCCUPANCY PERMIT APPLICATION**

| 1. Property Information:                        |                    |                           |   |
|---|--------------------|---------------------------|---|
| Rental Property Address:                        |                    |                           |   |
| Tax Map #: DISTRICT - 0600 - S                  | SECTION            | BLOCK                     | LOT   |
|   | olk County, a Scho | ool District, a Village o | deral agency, including Housing and or any other governmental agency or |
| <b>2. Owner Information:</b> (set for property) | th the name, addre | ess and telephone num     | ber of all owners of the rental   |
| • Property Owner Name:                          |                    |                           |   |
| Property Owner's Legal Address                  | (no P.O. Boxes): _ |                           |   |
| Property Owner's current domicil                | e:(street address) | ,,                        | Hamlet  |
| (Township)                                      | (County)           |                           | (State)   |
| Property Owner's Mailing Address                | SS:                |                           |   |
|   |                    |                           | Emergency:  |
| ② Property Owner Name:                          |                    |                           |   |
| Property Owner's Legal Address                  | (no P.O. Boxes): _ |                           |   |
| Property Owner's current domicil                | e:                 | ,                         |   |
| ,   |                    | address)                  |   |
| (Township)                                      | (County)           |                           | (State)   |
| Property Owner's Mailing Address                | SS:                |                           |   |
| Telephone Number Daytime:                       | Eve                | ning:                     | Emergency:  |
| ③ Property Owner Name:                          |                    |                           |   |
| Property Owner's Legal Address                  | (no P.O. Boxes): _ |                           |   |
| Property Owner's current domicil                | e:(street address) |                           | Hamlet  |
| (Township)                                      | (County)           |                           | (State)   |
| Property Owner's Mailing Addres                 | ss.                |                           |   |

• If necessary attach additional pages to supply above information.

IF THE RENTAL DWELLING UNIT INTENDED FOR RENTAL OCCUPANCY <u>IS OWNED BY A CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER BUSINESS ENTITY, THE NAME, ADDRESS AND TELEPHONE NUMBER OF EACH OWNER, OFFICER, PRINCIPAL, SHAREHOLDER, PARTNER AND/OR MEMBER OF SUCH BUSINESS ENTITY MUST BE SET FORTH BELOW.</u>

| Name:                                    |                                  |                                    |  |  |  |
|--|----------------------------------|------------------------------------|--|--|--|
| Legal Address (no P.O. Boxes):           |                                  |                                    |  |  |  |
| Mailing Address:                         |                                  |                                    |  |  |  |
| Title or position held with said corpora | ation, partnership, limited liab | oility company or business entity: |  |  |  |
| Telephone Number Daytime:                |                                  | Emergency:                         |  |  |  |
| Name:                                    |                                  |                                    |  |  |  |
| Legal Address (no P.O. Boxes):           |                                  |                                    |  |  |  |
| Mailing Address:                         |                                  |                                    |  |  |  |
| Title or position held with said corpora |                                  |                                    |  |  |  |
| Telephone Number Daytime:                |                                  | Emergency:                         |  |  |  |
| Name:                                    |                                  |                                    |  |  |  |
| Legal Address (no P.O. Boxes):           |                                  |                                    |  |  |  |
| Mailing Address:                         |                                  |                                    |  |  |  |
| Title or position held with said corpora | ation, partnership, limited liab | pility company or business entity: |  |  |  |
| Telephone Number Daytime:                | Evening:                         | Emergency:                         |  |  |  |

• If necessary attach additional pages to supply above information.

# ATTENTION: PLEASE DO NOT WRITE "SAME AS ABOVE" FOR ITEM NUMBES # 3, 4 & 5

| 3. Authorized Agent Info                             | ormation ( <u>if no m</u> | anaging agent the owner          | must fill in his/her name and address be  | <u>:low</u> ): |
|--|---------------------------|----------------------------------|---|----------------|
| Name of Authorized Agen                              | t of dwelling unit        | , if any:                        |   |                |
| Address of Managing Age                              | nt (no P.O. Boxes         | s):                              |   |                |
| Mailing Address of Manag                             | ging Agent:               |                                  |   |                |
| Telephone Number Daytin                              | ne:                       | Evening:                         | Emergency:                                |                |
| 4. Managing Agent Info                               | rmation ( <u>if no ma</u> | naging agent the owner i         | nust fill in his/her name and address bel | <u>ow</u> ):   |
| Name of Managing Agent/                              | Operator of dwel          | ling unit, if any:               |   |                |
| Address of Managing Age                              | nt (no P.O. Boxes         | s):                              |   |                |
| Mailing Address of Manag                             | ging Agent:               |                                  |   |                |
| Telephone Number Daytin                              | ne:                       | Evening:                         | Emergency:                                |                |
| 5. Designated Agent for a in his or her name and ad  |                           | ss ( <u>if no designated age</u> | ent for service of process the owner m    | ust fil        |
| Name:  |                           |                                  |   |                |
| Physical Address (no P.O.                            | Boxes):                   |                                  |   |                |
| Mailing Address:                                     |                           |                                  |   |                |
| Telephone Number Daytin                              | ne:                       | Evening:                         | Emergency:                                |                |
| <b>6. Tenant Informatio</b> Term of Lease: Beginning |                           |                                  | Ending Date:                              |                |
| Description of Structure: (i                         | i.e. One-Family,          | Two-family etc.):                |   |                |
| Number of Rooms:                                     | Kitchens:                 | Bedrooms:                        | Bathrooms:                                |                |
| LIST ALL TENANTS: Name:                              |                           | Name:                            |   |                |
| Name:  |                           | Name:                            |   |                |
| Name:  |                           |                                  |   |                |
| Name:  |                           |                                  |   |                |
| TENANT PHONE NUM                                     | BER(s):                   | )<br>Jay) (Fy                    | vening) (Cell)                            |                |

| the Town of Riverhead a certification from a licensed architect or a licensed professional engineer is required stating that the property which is the subject of the rental permit application is in compliance with all of the provisions of the Code of the Town of Riverhead, the laws and sanitary and housing regulations of the County of Suffolk and the laws of the State of New York.   |
|---|
| ☐ I am requesting a fire safety inspection to be performed by a Code Enforcement Official from the Town of Riverhead.   |
| ☐ I am submitting a certification from a licensed architect or a licensed professional engineer.  |
| DECLARATION: Signature must be notarized and MUST be by the owner of the dwelling unit.   |
| STATE OF NEW YORK }   |
| COUNTY OF SUFFOLK }   |
|   |
| certify, under penalty of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and the same are true and correct. Any documents, survey and plan(s) submitted with this rental occupancy permit application are true and accurate. I may request a copy of Chapter 68 "Housing Standards" and Chapter 86 "Rental Dwelling Units" of the Code of the Town of Riverhead and the New York State Property Maintenance Code and agree to abide by same. There are no existing safety or health code violations of the Code of the Town of Riverhead or the New York State Uniform Fire Prevention and Building Code at the property which is the subject of this rental occupancy permit application. I do not have any knowledge of complaints from tenants or others regarding any existing code, safety or health violations at the property which is the subject of this rental occupancy permit application. |
| Property Owner's Name:  |
| Owner's Signature:  |
| Sworn to before me this day of 200  |
| Notary Public   |

Pursuant to the Town Code of the Town of Riverhead, Chapter 86 "Rental Dwelling Units", a safety inspection by a Code Enforcement Official from the Town of Riverhead is required. If the owner chooses not to have said inspection performed by a Code Enforcement Official from

| For office use only: RECEIPT INFORMATION |     |                |  |  |
|--|-----|----------------|--|--|
| No. of units at application address      | Fee | Payment method |  |  |
| Check No Date:                           |     |                |  |  |
| Employee Signature                       |     |                |  |  |
| Receipt #                                |     |                |  |  |